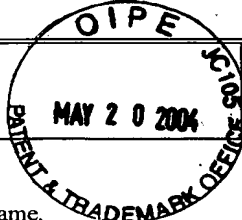


COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)



ATTORNEY'S DOCKET NUMBER

32087/1010

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR TREATING DENTAL CONDITIONS USING TISSUE SCAFFOLDS**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial No. **10/684,226** on **October 10, 2003** and was amended on \_\_\_\_\_ (if applicable).

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**PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

**COMBINED DECLARATION FOR PATENT APPLICATION  
AND POWER OF ATTORNEY (Continue)**

**ATTORNEY'S DOCKET NUMBER  
32087/1010**

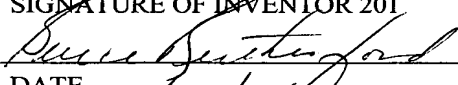
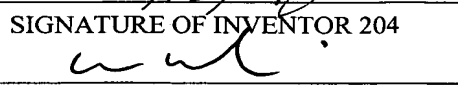
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Send Correspondence to: **Michael L. Goldman  
NIXON PEABODY LLP  
Clinton Square, P.O. Box 31051  
Rochester, New York 14603**

Direct Telephone Calls to:  
(name and telephone number)  
**(585) 263-1304**

201	FULL NAME OF INVENTOR	FAMILY NAME <b>Rutherford</b>	FIRST GIVEN NAME <b>Bruce</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Seattle</b>	STATE/FOREIGN COUNTRY <b>Washington</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>901 1<sup>st</sup> Avenue N</b>	CITY <b>Seattle</b>	STATE & ZIP CODE/CTRY <b>Washington 98109/USA</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>Somogyi</b>	FIRST GIVEN NAME <b>Christopher</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Woodinville</b>	STATE/FOREIGN COUNTRY <b>Washington</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
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	RESIDENCE & CITIZENSHIP	CITY <b>Raleigh</b>	STATE/FOREIGN COUNTRY <b>North Carolina</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

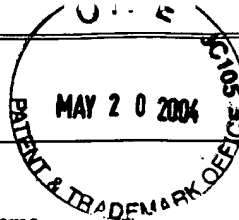
SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE <b>5/12/04</b>	DATE	DATE
SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE <b>5/12/04</b>	DATE	DATE

COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

32087/1010

MAY 20 2004



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**METHODS FOR TREATING DENTAL CONDITIONS USING TISSUE SCAFFOLDS**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. 10/684,226 on October 10, 2003 and was amended on \_\_\_\_\_ (if applicable).
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			<input type="checkbox"/> YES <input type="checkbox"/> NO
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U.S. APPLICATIONS		STATUS (Check One)			
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
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Clinton Square, P.O. Box 31051  
Rochester, New York 14603**

Direct Telephone Calls to:  
(name and telephone number)

**(585) 263-1304**

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
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DATE

DATE **4-13-04**

DATE

SIGNATURE OF INVENTOR 204

SIGNATURE OF INVENTOR 205

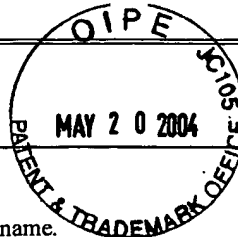
SIGNATURE OF INVENTOR 206

DATE

DATE

DATE

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U.S. APPLICATIONS		STATUS (Check One)			
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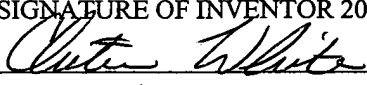
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 
DATE	DATE	DATE <b>08 May 04</b>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE